
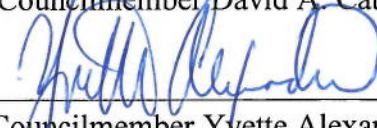


1 
2 Chairman Phil Mendelson

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4 Councilmember David Grosso

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6 Councilmember Tommy Wells


Councilmember David A. Catania


Councilmember Yvette Alexander

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15 A BILL
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20 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA
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26 Councilmember David A. Catania introduced the following bill, which was referred to the
27 Committee on _____
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30 To establish a comprehensive system of stroke care, to authorize the Department of Health to
31 designate certain hospitals stroke care centers, to require the Department of Health in
32 consultation with the Fire and Emergency Medical Services Department to establish
33 response and treatment protocols and a plan for the continuous improvement in the
34 quality of care provided to a person experiencing a stroke, to require stroke care centers
35 and other emergency medical services providers to report data to the Department of
36 Health, and to require the establishment of a database of information relating to stroke
37 treatment.
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40 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That
41 this act may be cited as the "Stroke System of Care Act of 2013".

1 Sec. 2. Definitions.

2 For the purpose of this act, the term:

3 (1) "ASCC" means an acute stroke capable center.

4 (2) "DOH" means the Department of Health.

5 (3) "Evidence-based treatment guidelines" means a recommended criteria based
6 on scientific study and current best evidence that has been shown to provide the optimum care
7 for a patient.

8 (4) "FEMS" means the Fire and Emergency Medical Services Department.

9 (5) "PSC" means primary stroke center.

10 (6) "Stroke" means a medical emergency that occurs when there is a rapid loss
11 of brain function due to a blockage or rupture of blood vessels to the brain.

12 (7) "Stroke care centers" means an acute stroke care center or a primary stroke
13 center, or collectively, both, depending on the context.

14 (8) "Stroke triage assessment tool" means a method of identifying:

15 (A) A stroke emergency;

16 (B) The severity of the stroke; and

17 (C) The best immediate treatment.

18 (9) "The Joint Commission" means the independent, nonprofit standards-setting
19 and accrediting organization, founded in 1951, that evaluates and accredits more than 20,000
20 health-care organizations and programs in the United States.

21 Sec. 3. Stroke care centers; designation.

22 (a) An acute care hospital shall apply to the DOH to be designated by the District as a
23 PSC. The DOH shall designate the applicant hospital as a PSC if it meets the requirements

1 established by this act, or by regulations issued pursuant to this act, including the requirement
2 that the applicant has been certified as a PSC by The Joint Commission or other such nationally
3 recognized organization.

4 (b) The DOH shall designate an applicant an ASCC, when, and provided that,
5 accreditation programs using evidence-based guidelines become available and a process of
6 coordination between PSCs and ASCCs has been established that provides for communication
7 between these stroke care centers and for the transport of a stroke patient needing specialized
8 therapy to an ASCC.

9 Sec. 4. Stroke care centers; suspension and revocation.

10 (a) If a PSC or an ASCC fails to comply with the requirements of this act, or regulations
11 issued pursuant to this act, including the requirement that it maintains its certification as a PSC
12 or ASCC, whichever is applicable, the DOH is authorized, following notice and hearing, to
13 suspend or revoke the hospital's designation.

14 (b) Pursuant to section 6(a)(1) of the Office of Administrative Hearings Establishment
15 Act of 2001, effective March 6, 2002 (D.C. Law 14-76; D.C. Official Code § 2-1831.03(a)(1)),
16 the Office of Administrative Hearings shall adjudicate appeals.

17 Sec. 5. Information about stroke care centers.

18 The DOH shall create and update a list containing the name and address of each PSC and
19 each ASCC. The DOH shall provide the list to the FEMS. The DOH and the FEMS shall each
20 publish the list on its website.

21 Sec. 6. Pre-hospital care protocol and training.

22 (a)(1) The DOH, in collaboration with the FEMS, shall establish pre-hospital care
23 protocols for the assessment, treatment, and transport of stroke patients by licensed emergency

1 medical service providers. The protocols shall include the adoption of a standardized stroke
2 triage assessment tool and procedures for transport of a stroke patient to the closest PSC or
3 ASCC, whichever is appropriate, within a specified time-frame.

4 (2) The DOH shall encourage these stroke care centers to coordinate through written
5 agreements. To ensure that stroke patients are offered appropriate access to the correct level of
6 care, such an agreement should include, at a minimum, an open-communication protocol
7 between one another and a transfer agreement for the transport to and acceptance of stroke
8 patients by the ASCC to receive the specialized treatment therapies it can provide.

9 (b) The DOH and the FEMS shall adopt a standardized stroke triage assessment tool and
10 each shall publish it on its website. The FEMS shall provide a copy of it to each licensed
11 emergency medical services provider by January 1, 2014.

12 (c) The FEMS shall include the protocols established pursuant to this section in its
13 training requirements and require all licensed emergency medical services providers and 911
14 dispatch personnel to receive this stroke-specific training.

15 Sec. 7. Continuous improvement in quality of care.

16 (a) The DOH, in collaboration with the FEMS, shall establish a plan for achieving
17 continuous improvement in the quality of care provided to a person experiencing a stroke. The
18 plan shall:

19 (1) Include maintaining a database of information and statistics on stroke care that
20 aligns with the stroke consensus metrics approved by American Heart Association/American
21 Stroke Association, Centers for Disease Control and Prevention, and The Joint Commission;

(2) Utilize “Get With The Guidelines,” the data-set platform published by the American Heart Association or other nationally recognized data-set platform with like confidentiality standards;

(3) Coordinate, to the extent possible, with national voluntary health organizations involved in stroke quality improvement to avoid redundancies;

(4) Require each PSC, ASCC, and other emergency medical service providers to report data to DOH consistent with nationally recognized guidelines on the treatment of stroke patients;

(5) Encourage sharing of information and data among health-care providers on ways to improve the quality of care of stroke patients;

(6) Facilitate the communication and analysis of health information and data among the health-care professionals providing care for stroke patients;

(7) Require the application of evidenced-based treatment guidelines regarding the transitioning of a patient to community-based follow-up care after hospital discharge for treatment for stroke; and

(8) Establish a data oversight process that will:

(A) Provide for the review of the data compiled pursuant to this section;

(B) Identify to DOH and FEMS needed changes to the response protocol or the treatment of stroke patients to improve the stroke system of care; and

1 (C) Lead to recommendations to the Mayor and the Council for legislative
2 changes to improve of stroke system of care.

3 (b) Subject to section 8, the information in the database described in subsection (a)(1) of
4 this section shall be made available to any and all other government agencies or contractors of
5 government agencies that have responsibility for the management and administration of
6 emergency medical services.

7 Sec. 8. Confidentiality; public information.

8 Notwithstanding any provision of law to the contrary, information submitted to the DOH,
9 FEMS, or otherwise to the District pursuant to this act is confidential and is not a public record.
10 Data compiled in aggregate form by theDOH, FEMS, or otherwise by the District for the
11 purposes of reporting required by this act is a public record as long as it does not reveal
12 confidential information that is protected by District, state, or federal law.

13 Sec. 9. Rulemaking.

14 The Mayor, pursuant to Title I of the District of Columbia Administrative
15 Procedure Act approved October 21, 1968 (82 Stat. 1204; D.C. Official Code § 2-501 *et seq.*),
16 shall issue rules to implement the provisions of this act.

17 Sec. 10. Applicability.

18 This act shall apply upon the inclusion of its fiscal effect in an approved budget and
19 financial plan, as certified by the Chief Financial Officer to the Budget Director of the Council in
20 a certification published by the Council in the District of Columbia Register.

21 Sec. 11. Fiscal impact statement.

22 The Council adopts the fiscal impact statement in the committee report as

1 the fiscal impact statement required by section 602(c)(3) of the District of Columbia Home Rule
2 Act, approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

3 Sec. 12. Effective date.

4 This act shall take effect following approval by the Mayor (or in the event of veto by the
5 Mayor, action by the Council to override the veto), a 30-day period of Congressional review as
6 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December
7 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of
8 Columbia Register.

LEGISLATIVE FILING SHEET

DATE: June 6, 2013

1. _____ SHORT TITLE OF MEASURE OR DOCUMENT

The Stroke System of Care Act of 2013

2. _____ NAME/LOCATION ON V DRIVE: Council Period 20: Catania: Bills: Stroke System of
Care Act

_____ DISK ATTACHED

3. _____ REFERRAL OF PROPOSED LEGISLATION

4. _____ COMMITTEE REPORT

5. _____ EMERGENCY LEGISLATION

_____ Circulated Statement of Reason and Effect of Emergency

_____ Emergency Declaration Resolution

_____ Emergency Legislation

_____ Temporary Legislation

6. _____ CIRCULATED CEREMONIAL RESOLUTION

Please contact Information Systems Division for a framed copy

7. _____ REPROGRAMMING REQUEST

8. _____ AMENDMENT(S) _____ Bill No. _____ / _____ PR No.

9. _____ PUBLIC HEARING NOTICE

10. _____ PUBLIC ROUNDTABLE NOTICE

11. _____ PUBLIC OVERSIGHT HEARING/ PUBLIC OVERSIGHT ROUNDTABLE NOTICE

12. _____ OTHER CORRESPONDENCE



FILED BY
DAC

CHAIRMAN, MEMBER OR COMMITTEE